



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

| | | | | | |
|--|--------------------|---|---------------------------------|---------------------------|-----|
| 1. ID No. 96047 | | 2. Exact name of the limited liability company Matthews Realty, LLC | | | |
| 3. State of Formation RHODE ISLAND | | 4. Brief description of the character of the business which is actually conducted in Rhode Island OWNERSHIP AND RENTAL OF REAL ESTATE | | | |
| 5. Principal office address 70 AIRPORT ROAD | | City WESTERLY | State RI | Zip 02871 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | |
| Contact Name MERTON L. MATTHEWS | | | Contact Title MANAGER | | |
| Street Address 70 AIRPORT ROAD | | City WESTERLY | State RI | Zip 02891 | |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 | | | | | |
| Manager Name MERTON L. MATTHEWS | | | Manager Name | | |
| Street Address 15 PARK AVENUE | | | Street Address | | |
| City WESTERLY | State RI | Zip 02891 | City | State | Zip |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 | | | | | |
| Agent Name MERTON L. MATTHEWS | | | Address | | |
| Address 70 AIRPORT ROAD | | | City WESTERLY | Zip 02891-00908 | |

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



| | | |
|---------------------------------|---------------|---------|
| File Date | 9/2/05 | *96047* |
| Check No | 1258 | |
| By: | JMD | |
| FOR SECRETARY OF STATE USE ONLY | | |

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Merton L. Matthews
Signature of Authorized Person Date

MERTON L. MATTHEWS
Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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| 1. ID No. 96047 | | 2. Exact name of the limited liability company Matthews Realty, LLC | | | |
| 3. State of Formation RHODE ISLAND | | 4. Brief description of the character of the business which is actually conducted in Rhode Island OWNERSHIP AND RENTAL OF REAL ESTATE | | | |
| 5. Principal office address 70 AIRPORT ROAD | | City WESTERLY | State RI | Zip 02891 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | |
| Contact Name MERTON L. MATTHEWS | | | Contact Title MANAGER | | |
| Street Address 70 AIRPORT ROAD | | City WESTERLY | State RI | Zip 02891 | |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 | | | | | |
| Manager Name MERTON L. MATTHEWS | | | Manager Name | | |
| Street Address 70 AIRPORT ROAD | | | Street Address | | |
| City WESTERLY | State RI | Zip 02891 | City | State | Zip |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 | | | | | |
| Agent Name MERTON L. MATTHEWS | | | Address | | |
| Address 70 AIRPORT ROAD | | City WESTERLY | Zip 02891-00908 | | |

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



* 9 6 0 4 7 *

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

File Date 11/17/04
Check No. 1166
By: W
FOR SECRETARY OF STATE USE ONLY

Merton L. Matthews 28 Sept 04
Signature of Authorized Person Date
W
Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

| | | | | | |
|--|--------------------|---|---------------------------|---------------------|-----|
| 1. ID No. 96047 | | 2. Exact name of the limited liability company Matthews Realty, LLC | | | |
| 3. State of Formation RHODE ISLAND | | 4. Brief description of the character of the business which is actually conducted in Rhode Island OWNERSHIP AND RENTAL OF REAL ESTATE | | | |
| 5. Principal office address 70 AIRPORT ROAD | | City WESTERLY | State RI | Zip 02891 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | |
| Contact Name MERTON L. MATTHEWS | | Contact Title MANAGER | | | |
| Street Address 70 AIRPORT ROAD | | City WESTERLY | State RI | Zip 02891 | |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 | | | | | |
| Manager Name MERTON L. MATTHEWS | | Manager Name | | | |
| Street Address 15 PARK AVE | | Street Address | | | |
| City WESTERLY | State RI | Zip 02891 | City | State | Zip |
| Manager Name | | Manager Name | | | |
| Street Address | | Street Address | | | |
| City | State | Zip | City | State | Zip |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 | | | | | |
| Agent Name MERTON L. MATTHEWS | | Address | | | |
| Address 70 AIRPORT ROAD | | City WESTERLY | Zip 02891-00908 | | |

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



* 9 6 0 4 7 *

File Date 9.26.03
Check No. 1043
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Merton L. Matthews
Signature of Authorized Person Date

MERTON L. MATTHEWS
Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

| | | | | | |
|--|-------------|--|--------------------------|--------------------|--------------|
| 1. ID No. 96047 | | 2. Exact name of the limited liability company Matthews Realty, LLC | | | |
| 3. State of Formation RHODE ISLAND | | 4. Brief description of the character of the business which is actually conducted in Rhode Island OWNERSHIP AND RENTAL OF REAL ESTATE | | | |
| 5. Principal office address 70 AIRPORT RD | | | City WESTERLY | State RI | Zip 02891 |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | |
| Contact Name MERTON L MATTHEWS | | | Contact Title MANAGER | | |
| Street Address 70 AIRPORT RD | | | City WESTERLY | State RI | Zip 02891 |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 | | | | | |
| Manager Name MERTON L MATTHEWS | | | Manager Name | | |
| Street Address 15 PARK AVE | | | Street Address | | |
| City WESTERLY | State RI | Zip 02891 | City | State | Zip |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11 | | | | | |
| Agent Name MERTON L. MATTHEWS | | | Address | | |
| Address 70 AIRPORT ROAD | | | City WESTERLY | Zip 02891-00908 | |

This report must be signed in ink by an authorized person pursuant to 7-16-66.



* 9 6 0 4 7 *

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

File Date: 8.30.02
Check No: 929
By: [Signature]

FOR SECRETARY OF STATE USE ONLY

[Signature]
Signature of Authorized Person Date
MERTON L MATTHEWS
Print or type Name of Authorized Person

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number DLLC 96047

Annual Report for the year 2001

1. The name of the limited liability company is:

Matthews Realty, LLC

2. The address of the principal office of the limited liability company is:

70 AIRPORT RD WESTERLY RI 02891

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: MERTON L. MATTHEWS

70 AIRPORT ROAD WESTERLY RI 02891-00908

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: _____

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: PROPERTY RENTAL

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name MERTON L MATTHEWS

Address 70 AIRPORT RD WESTERLY RI 02891

Dated 29 AUG 2001

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.



MATTHEWS REALTY LLC
Exact Name of Limited Liability Company

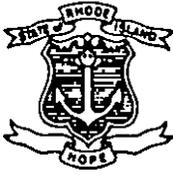
FOR SECRETARY OF STATE USE ONLY
File Date: 8-31-01
Check No.: 828
By: [Signature]

By [Signature]
MANAGER
Title

Form No. 632
Revised 01/99

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number DLLC 96047

Annual Report for the year 2000

1. The name of the limited liability company is:

Matthews Realty, LLC

2. The address of the principal office of the limited liability company is:

70 Airport Road, Westerly, RI 02891

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: MERTON L. MATTHEWS

70 AIRPORT ROAD WESTERLY RI 02891-00908

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Merton L. Matthews

70 Airport Road, Westerly, RI 02891

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Ownership and Rental of Real Estate

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

Merton L. Matthews

15 Park Avenue, Westerly, RI 02891

Dated _____

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Matthews Realty, LLC.

Exact Name of Limited Liability Company



By Merton L. Matthews
Manager Manager
Title

| | |
|---------------------------------|--------------------|
| FOR SECRETARY OF STATE USE ONLY | |
| File Date: | <u>9/29</u> |
| Check No.: | <u>735</u> |
| By: | <u>[Signature]</u> |

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number LL 96047

Annual Report for the year 1999

1. The name of the limited liability company is:

Matthews Realty, LLC

2. The address of the principal office of the limited liability company is:

70 AIRPORT ROAD WESTERLY RI 02891

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: MERTON L. MATTHEWS

70 AIRPORT ROAD WESTERLY, RI 02891

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: MATTHEWS REALTY LLC 70 AIRPORT RD WESTERLY RI 02891

MERTON L MATTHEWS MANAGER

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: PROPERTY RENTALS

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

MERTON L MATTHEWS

15 PARK AVE WESTERLY RI 02891

Dated 30 AUG 1999

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.



MATTHEWS REALTY LLC

Exact Name of Limited Liability Company

By Merton L Matthews

MANAGER

Title

| | |
|---------------------------------|----------------|
| FOR SECRETARY OF STATE USE ONLY | |
| File Date: | <u>8-31-99</u> |
| Check No.: | <u>637</u> |
| By: | <u>AMF</u> |

Form No. 632
Revised 01/99

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number LL 96047

Annual Report for the year 1998

1. The name of the limited liability company is:

Matthews Realty, LLC

2. The address of the principal office of the limited liability company is:

70 Airport Road, Westerly, RI 02891

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: MERTON L. MATTHEWS

70 AIRPORT ROAD WESTERLY, RI 02891

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: 70 Airport Road, Westerly, RI 02891, Merton L. Matthews

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Rental of Industrial Property

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

| Name | Address |
|--------------------|------------------------------------|
| Merton L. Matthews | 15 Park Avenue, Westerly, RI 02891 |

Exact Name is:

Matthews Realty LLC

Dated August 27, 1998



Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

MATTHEWS REALTY

Exact Name of Limited Liability Company

By Merton L. Matthews
Merton L. Matthews

Manager

Title

| | |
|---------------------------------|---------------|
| FOR SECRETARY OF STATE USE ONLY | |
| File Date: | <u>9-1-98</u> |
| Check No.: | <u>571</u> |
| By: | <u>WUP</u> |